



NE

**APPLICATION  
TRANSMITTAL SHEET  
(FOR FY 2001)**

| Complete if Known    |                |
|----------------------|----------------|
| Application No.      | Not Yet Known  |
| Filing Date          | Herewith       |
| First Named Inventor | Eric Henderson |
| Group Art Unit       | Not Yet Known  |
| Examiner Name        | Not Yet Known  |
| Atty. Docket Number  | 7164.03        |

**RECEIVED**  
AUG 22 2001  
TECH CENTER 1600/2900

| METHOD OF PAYMENT (Check One)   |               | FEE CALCULATION (Continued)  |          |  |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
|---|---------------|--|----------|--|-----------------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|-----|-----|---|----|-------------------------------------|-----|-----|-----|--|----|--|-----|-----|-----|---|----|--|---------|-----|-----|---|-----|---|--|-----|-----|-----|----------|---|--|-----|---------------|-------|-------|---|----------|-------|-------|-----|-----|--|---|--------|-----|-----|-----|--|---|---------------------------|-----|-----|-----|--------------------------|---|---------------------|-----|-----|----|-------------------------|----------|--------------|-----|--------------|----|----------------------------------|-----|----------|----------|----------|----------|------------------------------------|----|-----|-------|------------------------|-----|---|----|-----|-----|-----------------------------------|-----|--|-----|-----|-----|--------------------------|-----|-------------------------------|----|-----|----|---|----|---|----|-----|-----|---|-----|---|--|-----|-----|-----|-----|-----------------------------------|--|-----|-----|-----|-----|-------------------|--|-----|----|----|----|--|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|---|----------|---------------------|--|--|--|--|-----------------|---------------------------------|--|--|--|--|-----------------|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br/>Deposit Account No.: <u>04-1420</u><br/>Deposit Account Name: <u>DORSEY &amp; WHITNEY LLP</u><br/><input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17<br/><input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)</p> <p>2. <input checked="" type="checkbox"/> Check Enclosed</p>  |               | <p><b>3. ADDITIONAL FEES</b></p> <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - Late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td>\$55.00</td></tr><tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,890</td><td>280</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>260</td><td>270</td><td>135</td><td>Request for oral hearing</td><td></td></tr><tr><td>148</td><td>110</td><td>248</td><td>55</td><td>Terminal Disclaimer Fee</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility/Reissue issue fee (inc. advance copies)</td><td></td></tr><tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee (inc. advance copies)</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr><tr><td>195</td><td>300</td><td>195</td><td>300</td><td>Publication fee for early, voluntary, or normal publication</td><td></td></tr><tr><td>196</td><td>300</td><td>196</td><td>300</td><td>Publication fee for republication</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of IDS</td><td></td></tr><tr><td>581</td><td>40</td><td>81</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td colspan="4">Other fee (specify)</td><td>Request for Continued Prosecution (CPA)</td><td>\$355.00</td></tr><tr><td colspan="5"><b>Subtotal (3)</b></td><td><b>\$355.00</b></td></tr><tr><td colspan="5"><b>Total Amount of Payment:</b></td><td><b>\$410.00</b></td></tr></tbody></table> |          | Large Entity   |                 | Small Entity    |          | Fee Description | Fee paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205   | 65 | Surcharge - Late filing fee or oath |     | 127 | 50  | 227  | 25 | Surcharge - late provisional filing fee or cover sheet |     | 115 | 110 | 215   | 55 | Extension for reply within first month | \$55.00 | 116 | 390 | 216                                       | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445      | Extension for reply within third month  |  | 118 | 1,390         | 218   | 695   | Extension for reply within fourth month |          | 128   | 1,890 | 280 | 945 | Extension for reply within fifth month |   | 120    | 310 | 220 | 155 | Filing a brief in support of an appeal |   | 121                       | 260 | 270 | 135 | Request for oral hearing |   | 148                 | 110 | 248 | 55 | Terminal Disclaimer Fee |          | 140          | 110 | 240          | 55 | Petition to revive - unavoidable |     | 141      | 1,240    | 241      | 620      | Petition to revive - unintentional |    | 142 | 1,240 | 242                    | 620 | Utility/Reissue issue fee (inc. advance copies) |    | 143 | 440 | 243                               | 220 | Design issue fee (inc. advance copies) |     | 122 | 130 | 122                      | 130 | Petitions to the Commissioner |    | 123 | 50 | 123   | 50 | Petitions related to provisional applications |    | 195 | 300 | 195   | 300 | Publication fee for early, voluntary, or normal publication |  | 196 | 300 | 196 | 300 | Publication fee for republication |  | 126 | 180 | 126 | 180 | Submission of IDS |  | 581 | 40 | 81 | 40 | Recording each patent assignment per property (times number of properties) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | Other fee (specify) |  |  |  | Request for Continued Prosecution (CPA) | \$355.00 | <b>Subtotal (3)</b> |  |  |  |  | <b>\$355.00</b> | <b>Total Amount of Payment:</b> |  |  |  |  | <b>\$410.00</b> |
| Large Entity  |               | Small Entity   |          | Fee Description  | Fee paid        |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| Fee Code  | Fee (\$)      | Fee Code   | Fee (\$) |  |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 105   | 130           | 205  | 65       | Surcharge - Late filing fee or oath  |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 127   | 50            | 227  | 25       | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 115   | 110           | 215  | 55       | Extension for reply within first month                                     | \$55.00         |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 116   | 390           | 216  | 195      | Extension for reply within second month                                    |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 117   | 890           | 217  | 445      | Extension for reply within third month                                     |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 118   | 1,390         | 218  | 695      | Extension for reply within fourth month                                    |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 128   | 1,890         | 280  | 945      | Extension for reply within fifth month                                     |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 120   | 310           | 220  | 155      | Filing a brief in support of an appeal                                     |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 121   | 260           | 270  | 135      | Request for oral hearing   |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 148   | 110           | 248  | 55       | Terminal Disclaimer Fee  |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 140   | 110           | 240  | 55       | Petition to revive - unavoidable   |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 141   | 1,240         | 241  | 620      | Petition to revive - unintentional   |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 142   | 1,240         | 242  | 620      | Utility/Reissue issue fee (inc. advance copies)                            |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 143   | 440           | 243  | 220      | Design issue fee (inc. advance copies)                                     |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 122   | 130           | 122  | 130      | Petitions to the Commissioner  |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 123   | 50            | 123  | 50       | Petitions related to provisional applications                              |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 195   | 300           | 195  | 300      | Publication fee for early, voluntary, or normal publication                |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 196   | 300           | 196  | 300      | Publication fee for republication  |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 126   | 180           | 126  | 180      | Submission of IDS  |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 581   | 40            | 81   | 40       | Recording each patent assignment per property (times number of properties) |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 179   | 710           | 279  | 355      | Request for Continued Examination (RCE)                                    |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| Other fee (specify)   |               |  |          | Request for Continued Prosecution (CPA)                                    | \$355.00        |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| <b>Subtotal (3)</b>   |               |  |          |  | <b>\$355.00</b> |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| <b>Total Amount of Payment:</b>   |               |  |          |  | <b>\$410.00</b> |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>101</td><td>710</td><td>201</td><td>355</td><td><input type="checkbox"/> Utility Filing Fee</td><td></td></tr><tr><td>106</td><td>320</td><td>206</td><td>160</td><td><input type="checkbox"/> Design Filing Fee</td><td></td></tr><tr><td>108</td><td>710</td><td>208</td><td>355</td><td><input type="checkbox"/> Reissue Filing Fee</td><td></td></tr><tr><td>114</td><td>150</td><td>214</td><td>75</td><td><input type="checkbox"/> Prov. Filing Fee</td><td></td></tr><tr><td colspan="5"><b>Subtotal (1)</b></td><td><b>0</b></td></tr></tbody></table> |               | Large Entity   |          | Small Entity   |                 | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 101      | 710      | 201 | 355 | <input type="checkbox"/> Utility Filing Fee |    | 106                                 | 320 | 206 | 160 | <input type="checkbox"/> Design Filing Fee |    | 108  | 710 | 208 | 355 | <input type="checkbox"/> Reissue Filing Fee |    | 114                                    | 150     | 214 | 75  | <input type="checkbox"/> Prov. Filing Fee |     | <b>Subtotal (1)</b>                     |  |     |     |     | <b>0</b> | <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1"><thead><tr><th></th><th>Number Claims</th><th>Prior</th><th>Extra</th><th>Fee from Below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total</td><td>10</td><td>-</td><td>20</td><td>= 0 x 9/18</td><td>=</td></tr><tr><td>Indep.</td><td>1</td><td>-</td><td>3</td><td>= 0 x 40/80</td><td>=</td></tr><tr><td>Multiple Dependent Claims</td><td></td><td></td><td></td><td>x 135/270</td><td>=</td></tr><tr><td colspan="5"><b>Subtotal (2)</b></td><td><b>0</b></td></tr></tbody></table> <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent Claim</td><td></td></tr><tr><td>109</td><td>80</td><td>209</td><td>40</td><td>Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  |     | Number Claims | Prior | Extra | Fee from Below                          | Fee Paid | Total | 10    | -   | 20  | = 0 x 9/18                             | = | Indep. | 1   | -   | 3   | = 0 x 40/80                            | = | Multiple Dependent Claims |     |     |     | x 135/270                | = | <b>Subtotal (2)</b> |     |     |    |                         | <b>0</b> | Large Entity |     | Small Entity |    | Fee Description                  | Fee | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103                                | 18 | 203 | 9     | Claims in excess of 20 |     | 102   | 80 | 202 | 40  | Independent claims in excess of 3 |     | 104                                    | 270 | 204 | 135 | Multiple dependent Claim |     | 109                           | 80 | 209 | 40 | Reissue independent claims over original patent |    | 110   | 18 | 210 | 9   | Reissue claims in excess of 20 and over original patent |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| Large Entity  |               | Small Entity   |          | Fee Description  | Fee Paid        |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| Fee Code  | Fee (\$)      | Fee Code   | Fee (\$) |  |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 101   | 710           | 201  | 355      | <input type="checkbox"/> Utility Filing Fee                                |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 106   | 320           | 206  | 160      | <input type="checkbox"/> Design Filing Fee                                 |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 108   | 710           | 208  | 355      | <input type="checkbox"/> Reissue Filing Fee                                |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 114   | 150           | 214  | 75       | <input type="checkbox"/> Prov. Filing Fee                                  |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| <b>Subtotal (1)</b>   |               |  |          |  | <b>0</b>        |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
|   | Number Claims | Prior  | Extra    | Fee from Below   | Fee Paid        |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| Total   | 10            | -  | 20       | = 0 x 9/18   | =               |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| Indep.  | 1             | -  | 3        | = 0 x 40/80  | =               |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| Multiple Dependent Claims   |               |  |          | x 135/270  | =               |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| <b>Subtotal (2)</b>   |               |  |          |  | <b>0</b>        |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| Large Entity  |               | Small Entity   |          | Fee Description  | Fee             |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| Fee Code  | Fee (\$)      | Fee Code   | Fee (\$) |  |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 103   | 18            | 203  | 9        | Claims in excess of 20   |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 102   | 80            | 202  | 40       | Independent claims in excess of 3  |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 104   | 270           | 204  | 135      | Multiple dependent Claim   |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 109   | 80            | 209  | 40       | Reissue independent claims over original patent                            |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |
| 110   | 18            | 210  | 9        | Reissue claims in excess of 20 and over original patent                    |                 |                 |          |                 |          |          |          |          |          |     |     |   |    |                                     |     |     |     |  |    |  |     |     |     |   |    |  |         |     |     |   |     |   |  |     |     |     |          |   |  |     |               |       |       |   |          |       |       |     |     |  |   |        |     |     |     |  |   |                           |     |     |     |                          |   |                     |     |     |    |                         |          |              |     |              |    |                                  |     |          |          |          |          |                                    |    |     |       |                        |     |   |    |     |     |                                   |     |  |     |     |     |                          |     |                               |    |     |    |   |    |   |    |     |     |   |     |   |  |     |     |     |     |                                   |  |     |     |     |     |                   |  |     |    |    |    |  |  |     |     |     |     |   |  |                     |  |  |  |   |          |                     |  |  |  |  |                 |                                 |  |  |  |  |                 |

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